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## BIB DATA SHEET

CONFIRMATION NO. 6863

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/634,213	08/05/2003	604	3734	GLAUKO.011CP1	
<b>RULE</b>					
<b>APPLICANTS</b> David Haffner, Mission Viejo, CA; /KMD/ Gregory T. Smedley, Aliso Viejo, CA; Hosheng Tu, Newport Coast, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/118,578 04/08/2002 PAT 7,135,009 and claims benefit of 60/401,166 08/05/2002 /KMD/ and claims benefit of 60/451,226 02/28/2003					
<b>** FOREIGN APPLICATIONS ***** none /KMD/</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/31/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KATHERINE MARIE DOWE/ Acknowledged _____ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 46	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 15
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES					
<b>TITLE</b> Devices and methods for glaucoma treatment					
<b>FILING FEE RECEIVED</b> 1349	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	